

**DEDHAM PARKS & RECREATION DEPARTMENT
RECREATION GYMNASTICS PROGRAM
JOYCE MULKERN, SUPERVISOR**

2ND SESSION....NOVEMBER 20TH THRU JANUARY 29, 2011

NAME _____ **DATE OF BIRTH** _____

ADDRESS _____ **-TOWN** _____ **ZIP** _____

PARENT/GUARDIANS NAME _____ **TEL #** _____

HAVE YOU EVER TAKEN RECREATION GYMNASTICS BEFORE? YES ___ NO ___

PROGRAM CONSISTS OFR EIGHT (8) ONE HOUR SATURDAY LESSONS...

REGISTRATION FEE....
DEDHAM RESIDENTS....\$50.00 PER CHILD PER SESSION
REGISTRATION STARTS TUESDAY, OCTOBER 12TH

NON RESIDENTS....\$60.00 PER CHILD PER SESSION
REGISTRATION STARTS MONDAY, OCTOBER 18, 2010

**YOU MAY REGISTER FOR BOTH THE 2ND & 3RD SESSION NOW, BUT BOTH SESSIONS MUST
BE PAID IN FULL...**

PLEASE CIRCLE THE DESIRED C LASS...

9:00-10:00AM....AGE 3 TUMBLING TOTS (BIRTH CERTIFICATE REQUIRED)

10:00-11:00AM....KINDERGARDEN & PRE-SCHOOL (AGES 4 & 5)

11:00-12:00PM....KINDERGARDEN & PRE-SCHOOL (AGES 4 & 5)

1:00-2:00PM....GRADES 1 & 2

2:00-3:00PM....GRADES 1 & 2

3:00-4:00PM....ADVANCED & GRADES 3-8

**BY MY SIGNATURE, I HEREBY RELEASE THE TOWN OF DEDHAM, PARKS & RECREATION
DEPARTMENT FROM ANY LIABILITY REGARDING INJURY WHILE PARTICIPATING IN THIS
PROGRAM.**

PARENT/GUARDIAN SIGNATURE _____

DATE _____